THE OBSTETRIC ANAESTHESIA REFLECTIVE PROGRAM STIMULATED CLINICAL & COGNITIVE LEARNING IN ANAESTHESIOLOGY RESIDENTS

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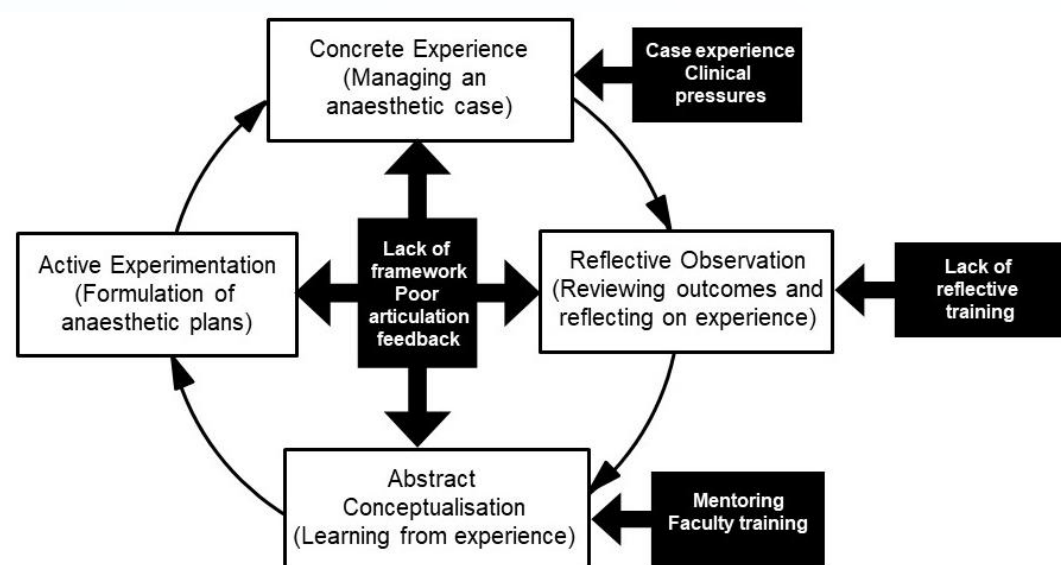
Introduction

Our Educational Challenges

- Our residents demonstrated low levels of reflective learning[1] despite deliberate experiential training
- They seldom reviewed their own performances & struggled to build new knowledge from previous clinical experiences
- There were faculty concerns of them 'emulating' actions without cognitive reasoning

Exploration of the Barriers Using Kolb's Cycle[2]

- Four barriers identified [thematic analysis] in focus groups:
  (1) lack of cognitive framework
  (2) lack of training
  (3) association with medical errors
  (4) lack of feedback & validation of residents' learning

The Reflective Learning Program

Purpose of the Program

- To stimulate reflective learning using triggers from good practices & experiences rather than medical errors
- To provide a cognitive model[3] for the residents & faculty to 'complete an experiential learning & teaching cycle'
- To focus on the development of 'Professionalism, Communications, Practice & Systems-based Learning'
- To provide a platform for feedback, validation & mentoring

Sample Questions: My 1st Epidural Insertion

- "Describe how you felt after the epidural insertion."
- "How did you think your patient feel?"
- "How would you do better the next time round?"
- "How did you think your supervising faculty feel?"

Research Findings

Research Purpose and Questions

- Purpose: To find out the utility of the program in instilling reflective learning & practice
- Question: How did the reflective learning program influence the learning of the junior residents?

Methods

- Constructivist approach, qualitative exploration with focus & individual interviews using semi-structured interview format
- Iterative data gathering & saturation, coding & themes
- 19 junior residents participated in the pre-post program interviews

Results

"Now for each case, there's learning that I can reflect on"

- Facilitated the cognitive framework for completion of the experiential learning cycle
- Stimulated critical reflection & constructive learning
- Utilised reflective practice in crafting alternative plans

"With the diary, you have a deeper depth of the situation."
"Strengthen the reasoning why we do certain things."

- Crystallized clinical & cognitive learning points
- Committed to deeper learning and memory
- Learning cycle stimulated looking back and increased awareness of shortcomings
- Stimulated the creation of plans for improvement

"It was impactful. For the first time, I was asked about the encounter and how the patient felt."

- Recognised the importance of putting the patient first
- Increased sensitivity to patient's needs and empathy
- Increased awareness of other stakeholders' needs
- Improved communication & interprofessional collaborations
- Refined clinical practice through improved methods

Discussions & Conclusions

- Simple, resource-appropriate platform to stimulate reflective learning and deep learning[4]
- Structured reflection is important
- Critical reflection leads on to setting of goals
- Mentor guidance and affirmation of reflection are necessary

References

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2. Kolb DA. Experiential Learning: Experience as the Source of Learning and Development. 1984.
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4. Bransford J. How people learn. Washington, DC: National Acad. Press, 2004.

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